

CITY OF SPRINGFIELD PUBLIC WORKS DEPARTMENT

SANITARY SERVICES 1216 WEST NICHOLS STREET SPRINGFIELD, MISSOURI 65802 HAULED WASTEWATER PROGRAM

APPLICATION FOR CONDITIONALLY ACCEPTABLE WASTEWATER DISCHARGE

I. Application is hereby requested for (choose one) ☐ Discharge to Wastewater Treatment Plant* ☐ Discharge to Sanitary Sewer (onsite)**					
*-The City cannot saccept any transported waste identified as hazardous in 40 CFR 261 (RCRA) **-No discharge to a separate storm sewer or watercourse is allowed					
II. Responsible Parties					
	S	ource			
Site Name					
Street Address	(City	State	Zip	
Owner	(Contact Person			
Mailing Address	(City	State	Zip	
Telephone	F	Fax			
Site Contractor					
Name					
Street Address	(City	State	Zip	
Contact Person	Title				
Mailing Address	(City	State	Zip	
Telephone	F	³ ax			
Transporter					
Name	(City HW Permit No.			
Street Address	(City	State	Zip	
Contact Person	1	Title			
Mailing Address	(City	State	Zip	
elephone Fax					
III. Materials To Be Discharged					
Fully describe the wastewater and the nature of the activities requiring disposal					
Do you have a copy of a laboratory analysis attached?		Do you have copies of Ma Data Sheets attached?		☐ Yes ☐ No	
Is waste from a process subject to Federal Categorical Pretreatment Standards? Yes No					
If yes, identify the Categorical Standard 40 CFR Part Subpart					
Quantity to be discharged to City sewer Gallons Proposed wate and or frequency of discharge (Monthly Daily One Time Only?)					
Proposed rate and or frequency of discharge (Monthly, Daily, One Time Only?)					

If wastewater is from an underground storage tank, related excavation, petroleum contaminated, or if groundwater/surface water from a site remediation project- Complete A & B below: A. Identify the substances which were in the tanks or which contamination is attributed to:					
B. How lo	B. How long has the tank or site been out of service?				
Describe any treatment to be provided prior to discharge to the City sewer Describe proposed point of entry to sanitary sewer (if on-site)					
IV. Sample Analysis Information					
ту. Зашр	ne Analysis Information				
approval.	e of the wastewater may be required by the City in addition to any required analyses prior to discharge l. The requirement for a sample may be waived if an acceptable report containing results of analyses for the ers specified by the City has been submitted. The City may require sample(s) at the time of or during se events.				
All sampling and analyses shall be performed in accordance with 40 CFR Part 136					
<u>At a minimum</u> , all discharges must have a representative sample analyzed for the following parameters: Arsenic, Cadmium, Chromium, Copper, Cyanide, Lead, Mercury, Nickel, Zinc, Oil & Grease (A/V), pH, and Flashpoint.					
Additional parameters may be required by the City on a case-by-case basis. All analytical data obtained for the subject wastewater in addition to that required by the City shall be submitted.					
Any charges for additional analyses performed by the City or for high strength wastes will be assessed in accordance with Chapter 120 of the Springfield City Code. Normal charges for Hauled Wastewater will be collected by monthly invoicing based on information submitted on Hauled Wastewater Discharge Manifests submitted at time of discharge. Charges will be based on each 1000 gallons or fraction thereof, based on vehicle capacity.					
V. Signat	ure and Certification				
This application must be signed by the owner of the source site or a contractor directly responsible for site remediation activities.					
I hereby certify that to the best of my knowledge and belief the information in this application is true, complete and accurate. If granted approval to discharge, I agree to abide by the City Ordinances, and all applicable federal, state and local regulations. I agree to pay the costs of any analyses performed by the City and to pay any applicable disposal charges for the volume or strength of the wastewater discharged.					
Applicant Name	Print or type	Date	Title		
Applicant Signature					
VI. Hazardous Waste Certification					
If you checked the box on page 1 "Transport to the City Treatment Plant", you must sign the following certification.					
I hereby certify to the best of my knowledge and belief, the above material is not classified as a hazardous					
•	efined in 40 CFR Part 261. (RCRA)				
Applicant Name	Print or type	Date	Title		
Applicant Signature					